

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
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50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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56			
57	/		
58			/
59			
60			
61	/		
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65	/		/
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98			
99			
100			
TOTAL IND.	8		↓
TOTAL DEP.	59	←	
TOTAL CLAIMS	72	←	←

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS